



Triptex Ltd  
Office 13 Riverside Chambers T: 01332 742751  
1 Full Street  
Derby E: [info@triptex.co.uk](mailto:info@triptex.co.uk)  
DE1 3AF W: [www.triptex.co.uk](http://www.triptex.co.uk)

**ACCOUNT APPLICATION FORM**

Name of company	
Legal status (Plc, Ltd, Sole Trader, Partnership)	
If Partnership/Sole trader no. of years trading	
VAT registration number	
If Plc/Ltd Registered number	
Contact name	
Contact telephone	
Contact fax	
Contact email	

Company registered office address	Line 1	
	Line 2	
	Line 3	
	Town	
	County	
	Postcode	

Invoice address	Line 1	
	Line 2	
	Line 3	
	Town	
	County	
	Postcode	

Bank details	Bank name	
	Sort code	
	Account Number	

Credit limit requested	
------------------------	--

*Please note our standard terms of payment 30 days  
Please email to [info@triptex.co.uk](mailto:info@triptex.co.uk)*

SIGNED \_\_\_\_\_ POSITION \_\_\_\_\_  
NAME \_\_\_\_\_ DATE \_\_\_\_\_